State of California, California Regional Water Quality Control Board, Central Coast Region 895 Aerovista Place, Suite 101 San Luis Obispo, CA, 93401		
NOTICE OF INTENT TO COMPLY WITH TERMS OF THE CONDITIONAL WAIVER FOR IRRIGATED AGRICULTURE (RESOLUTION NO. R3-2004-0117)		
Applicant:		OIN / Permit Number:
Address:	State:	Note: OIN is Operator ID Number from County Pesticide Use Reporting
City:	Zip Code:	Telephone #
15 Hours Certified Education Completed? Y: N: Farm Plan Completed? Y: N:		
Monitoring Program Selection:  Cooperative Monitoring Program  Individual Monitoring		
Note: Individual Monitoring requires that the applicant submit a Quality Assurance Program Plan and electronic data in formats specified by the adopted RWQCB Monitoring and Reporting Program. The Cooperative Monitoring Program option relieves individual applicants of these requirements.  Additional documents that must be submitted with this Notice of Intent:  1. Ranch Information/Management Practice Checklist 2. Ranch map(s) as submitted to County Agricultural Commissioner for Pesticide Use Reports, or equivalent 3. Certificate(s) of Water Quality Education (15 hours required to qualify for a Five-Year Conditional Waiver)		
<u>Certification:</u> I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Print Name:		
Title:		
Signature:		
Date: Month: Day: Year:		